

Case Number:	CM14-0149875		
Date Assigned:	09/18/2014	Date of Injury:	06/16/2013
Decision Date:	12/24/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old man with a date of injury June 16, 2013. The injured worker is being treated for postsurgical laminectomy; and a postsurgical seroma is present. There's been mild improvement with Neurontin, muscle relaxant and Vicodin at low doses. The injured worker reports painful paresthesias, diffuse in the lower extremities. Medications are metformin, nortriptyline, Lidoderm 5%, Flector 1.3%, Neurontin 300 mg, and Flexeril 10 mg, There is no page 2 on the July 16, 2014 progress note. The working diagnoses are radiculopathy post laminectomy and stenosis. The medical record is otherwise very limited and clinical documentation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PHYSICAL THERAPY 2XWEEKX6WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Physical Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, physical therapy two times per week for six weeks (12) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing physical therapy). The ODG allows for 16 visits over eight weeks postsurgical treatment (laminectomy). For additional guidelines see the ODG. In this case, the injured worker is status post L4 - S1 laminectomy performed on March 8, 2014. The injured worker was noted to have a post-operative seroma. According to the documentation, progress note from May 14, 2014 indicates the injured worker did not feel any better after physical therapy visits. On July 1 the injured worker had persistent complaints of low back pain that radiated to the legs. According to the guidelines, a six visit clinical trial takes place with a formal assessment to determine if the patient is moving in a positive direction, no direction or negative direction, prior to continuing physical therapy. The documentation suggests the injured worker did not feel any better after physical therapy. Moreover, there was no documentation of objective function improvement post-physical therapy in the very limited medical record. Consequently, additional physical therapy two times per week for six weeks is not medically necessary pursuant to the documentation and record. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, physical therapy two times per week for six weeks (12) is not medically necessary.